

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

WILLIAM JOHN DAUGHTERY

COURT CASE NUMBER

FILED 08 CV 0408 WQH(BLM)

DEFENDANT

TYPE OF PROCESS

B. WILSON, E. TAGABAW, LEMUS, GRIFFIN, ANTONIO S. D. C. 1143 SUBPOENA

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SAN DIEGO COUNTY MENTAL HEALTH COMMUNITY SERVICES

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

3274 ROSECRANS STREET, SAN DIEGO, CA 92110

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

WILLIAM DAUGHTERY, F. 79985
CUSP
P.O. BOX 2349/DIO-1104P
BLYTHE, CA. 92226

Number of process to be served with this Form - 285

(6) ONE

Number of parties to be served in this case

(6) SIX

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

THERE ARE TWO (2) FACILITIES AT THIS ADDRESS
SERVE AT NORTHERNMOST FACILITY
MENTAL PATIENT INTAKE

RECEIVED
JUL 21 3:02 PM
U.S. MARSHAL
SOUTHERN DISTRICT OF CALIFORNIA

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

16 July 2008

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

98

District to Serve

98

Signature of Authorized USMS Deputy or Clerk

A. Hott

Date

7/21/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

7/29/08

Time

3:15 pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

ARRIVED AT THE ADDRESS STATED ABOVE, SPOKE TO THE RECEPTIONIST
RECEPTIONIST STATED THE LOCATION (BUSINESS) NAME IS "PHOENIX HOUSE"
NOT "SAN DIEGO COUNTY MENTAL HEALTH COMMUNITY SERVICES". AND
THE PHOENIX HOUSE HAS BEEN RUNNING SINCE THE 1990S.

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)